


PTO/SB/21 (09-04)

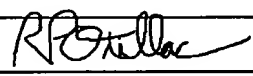
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TRANSMITTAL FORM	Application Number	09/683,861	RECEIVED CENTRAL FAX CENTER OCT 11 2005
	Filing Date	02/22/02	
	First Named Inventor	Otillar	
	Art Unit	1743	
	Examiner Name	Ludlow	
(to be used for all correspondence after initial filing)		Attorney Docket Number	none
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Status identifier added to withdrawn claim #7 in response to Notice of Non-Compliant Amendment.
Remarks This is in response to a notice I recieved in the mail, a "Notice of Non-Compliant Amendment (37 CFR 1.121) from Nicole Lawrence, telephone No. (571) 272-1025. The notice was checked "4. Amendments to the Claims: E. Other 'Claim 7 has no status identifier'. Claim 7 is now labelled "7. (Withdrawn)".		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature		
Printed name	Robert P. Otillar	
Date	2005/10/11	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Robert Otillar	Date 2005/10/11


This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE**

APPLICANT(S):	Robert Otillar, <i>et al.</i>
APPLICATION NO.:	09/683,861
FILING DATE:	February 22, 2002
TITLE:	Systems and Methods for Localizing and Analyzing Samples
EXAMINER:	Jan M. Ludlow
GROUP ART UNIT:	1743
ATTY. DKT. NO.:	0861
<p style="text-align: center;">CERTIFICATE OF MAILING/TRANSMISSION</p> <p>I hereby certify that this correspondence is being</p> <p><input type="checkbox"/> deposited on the date shown below with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p><input checked="" type="checkbox"/> transmitted on the date shown below via facsimile to the attention of: Examiner Schultz at facsimile number 703-872-9306.</p> <p>Dated: October 11, 2005 _____ By:  _____</p> <p style="text-align: right;">Robert P. Otillar</p>	

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RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

SIR:

Responsive to the Notice of Non-compliant Amendment, dated September 20, 2005, please enter the changes included herein. The Applicant included the status identifier for Claim 7 in response to this Notice. Pursuant to MPEP 714.03, the Applicants' Reply consists of "A corrected version of only that portion of the amendment which previously failed to comply with 37 CFR 1.121."

Thus, only the "Amendments to the Claims" section is reproduced below. This reponse is timely filed.

Amendments to the Claims begin on page 2.